



# Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures Measure 9 of 13

Stage 1  
Last Updated: April 2013

Clinical Quality Measures (CQMs)	
<b>Objective</b>	Report hospital clinical quality measures to CMS.
<b>Measure</b>	Successfully report to CMS hospital clinical quality measures selected by CMS in the manner specified by CMS.
<b>Exclusion</b>	No exclusion.

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## Definition of Terms

None.

## Attestation Requirements

YES/NO

Eligible hospitals and CAHs must attest YES to reporting to CMS hospital clinical quality measures selected by CMS in the manner specified by CMS to meet this measure.

## Additional Information

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology.
- Attesting to the measure of this objective indicates that the eligible hospital or CAH will submit complete hospital clinical quality measure information as required during the attestation process. During attestation, eligible hospitals and CAHs will also attest to the numerators, denominators, and exclusions for individual hospital clinical quality measures.
- For requirements and electronic specifications related to individual clinical quality measures, eligible hospitals and CAHs should refer to [http://www.cms.gov/QualityMeasures/03\\_ElectronicSpecifications.asp#TopOfPage](http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp#TopOfPage).

## Related Meaningful Use FAQs

To see the FAQs, click the New ID # hyperlinks below, or visit the CMS FAQ web page at <https://questions.cms.gov/> and enter the New ID # into the Search Box, clicking the “FAQ #” option to view the answer to the FAQ. (Or you can enter the OLD # into the Search Box and click the “Text” option.)

- For eligible hospitals and CAHs, will the CQM results be calculated similar to the Hospital Inpatient Quality Reporting (IQR) Program? [New ID #2873](#), [Old ID #10146](#)
- For the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, if certified EHR technology possessed by an eligible professional (EP) includes the ability to calculate clinical quality measures (CQMs) from the additional set that are not indicated by the EHR developer or on the Certified Health Information Technology Product List (CHPL) as tested and certified by an ONC - Authorized Testing and Certification Body (ONC-ATCB), can the EP submit the results of those CQMs to CMS as part of their meaningful use attestation? [New ID #3277](#), [Old ID #10649](#)
- For the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, if the certified EHR technology possessed by an eligible professional (EP) generates zero denominators for all clinical quality measures (CQMs) in the additional set that it can calculate, is the EP responsible for determining whether they have zero denominators or data for any remaining CQMs in the additional set that their certified EHR technology is not capable of calculating? [New ID #3275](#), [Old ID #10648](#)
- To what attestation statements must an eligible professional (EP), eligible hospital, or critical access hospital (CAH) agree in order to submit an attestation, successfully demonstrate meaningful use, and receive an incentive payment under the Medicare Electronic Health Record (EHR) Incentive Program? [New ID #3209](#), [Old ID #10589](#)
- I am an eligible professional (EP) for whom none of the core, alternate core, or additional clinical quality measures adopted for the Medicare and Medicaid Electronic Health Record (EHR) incentive programs apply. Am I exempt from reporting on all clinical quality measures? [New ID #2869](#), [Old ID #10144](#)
- One of the measures for the core set of clinical quality measures for eligible professionals (EPs) is not applicable for my patient population. Am I excluded from reporting that measure for the Medicare or Medicaid Electronic Health Record (EHR) Incentive Programs? [New ID #2865](#), [Old ID #10142](#)
- Can eligible professionals (EPs) use clinical quality measures from the alternate core set to meet the requirement of reporting three additional measures for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs? [New ID #2779](#), [Old ID #10075](#)
- My practice does not typically collect information on any of the core, alternate core, and additional clinical quality measures (CQMs) listed in the Final Rule on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Do I need to report on CQMs for which I do not have any data? [New ID #2773](#), [Old ID #10072](#)
- Can I use the electronic specifications for clinical quality measures to satisfy both the Physician Quality Reporting System (PQRS) and the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs? [New ID #2867](#), [Old ID #10143](#)
- If data is captured using certified electronic health record (EHR) technology, can an eligible professional or eligible hospital use a different system to generate reports used to demonstrate meaningful use for the Medicare and Medicaid EHR Incentive Programs? [New ID #3063](#), [Old ID #10465](#)



- If the denominators for all three of the core clinical quality measures are zero, do I have to report on the additional clinical quality measures for eligible professionals (EPs) under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs?  
[New ID #2871](#), [Old ID #10145](#)
- If a provider feeds data from certified EHR technology to a data warehouse, can the provider report on meaningful use objectives and CQMs from the data warehouse?  
[New ID #2885](#), [Old ID #10153](#)
- Is a hospital participating in the EHR Incentive Programs required to report quality metrics on ALL patients? How will the measurement be defined with regards to numerator and denominator? [New ID #3125](#), [Old ID #10538](#)
- How should an eligible hospital or CAH with multiple certified EHR systems report their clinical quality measures? [New ID #3611](#), [Old ID #10844](#)
- For clinical quality measures ED-1, ED-2, and Stroke-4, how should eligible hospitals and CAHs define an Emergency Department patient since the UB-04 data set referred to in the HITSP specifications no longer provides this information? [New ID #3611](#), [Old ID #10883](#)
- Who do I contact to suggest adding/deleting a code on a CQM or to suggest other CQM improvements? [New ID #3675](#), [Old ID #10884](#)

## Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria	
<b>§170.306(i)</b> <b>Calculate and submit clinical quality measures</b>	(1) <i>Calculate</i> . Electronically calculate all of the clinical quality measures specified by CMS for eligible hospitals and critical access hospitals.
	(2) <i>Submission</i> . Enable a user to electronically submit calculated clinical quality measures in accordance with the standard and implementation specifications specified in §170.205(f).

Standards Criteria	
<b>Quality reporting</b>	§170.205(f) - CMS PQRI 2009 Registry XML Specification. Implementation specification: PQRI Measure Specifications Manual for Claims and Registry.

## Related Certification FAQs

Click on the green numbers to view the answer to the FAQ.

- How many clinical quality measures must EHR technology be capable of calculating in order to get certified? [9-10-012-1](#)
- I plan to use a “data warehouse” to calculate and submit meaningful use clinical quality measures. Does my data warehouse need to be certified for me to be able to use it to achieve meaningful use? [9-10-013-2](#)

